





## Chain of Custody

(1) **MRN:** \_\_\_\_\_

(2) **Item Description:**

\_\_\_\_\_

(3) **Transfer 1.**Received from: \_\_\_\_\_ Section # \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Transfer 2.**Received from; \_\_\_\_\_ Section # \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Transfer 3.**Received from: \_\_\_\_\_ Section # \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Transfer 4.**Received from: \_\_\_\_\_ Section # \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Transfer 5.**Received from: \_\_\_\_\_ Section # \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



# VIP/DMORT Program

## Clothing

Person Making Inventory \_\_\_\_\_

Incident \_\_\_\_\_

PM Case # \_\_\_\_\_

Date of Exam \_\_\_\_\_

Body Bag # \_\_\_\_\_ Sex \_\_\_\_\_

### CLOTHING INVENTORY:

A= Data not available  
B= Photo  
C= Further information  
available

#	Clothing Items	Color	Description	Size

Dry Cleaning Marks Description

Laundry Marks Description

Wallet:

Description \_\_\_\_\_

Contents \_\_\_\_\_

Purse:

Description \_\_\_\_\_

Contents \_\_\_\_\_

Currency \_\_\_\_\_

Misc  
Items  
Found \_\_\_\_\_

Other  
Personal  
Effects \_\_\_\_\_



# VIP/DMORT Program

Person Making Inventory \_\_\_\_\_

Jewelry Inventory

Incident

PM Case # \_\_\_\_\_

Date of Exam \_\_\_\_\_

Body Bag # \_\_\_\_\_

WATCH

#	Type Make	Band Material Face Color	Description	Inscription	A= Data not available B= Photo C=Other Info

JEWELRY

#	Jewelry/Type Style	Material Color Stone Color	Size	Description	Inscription	A= Data not available B= Photo C= Other Info

Use this Space for More Info Regarding Jewelry:




Fingerprint Specialist

# VIP/DMORT Program Fingerprinting

Incident

PM Case #

Date of Exam

Body #

Examiner 1

Examiner 2

Condition of Hands

(Burned,  
mutilated, etc)

Fingers Printed

(List Fingers  
Printed)

If not printed  
why?

Fingerprint  
Exam Notes

Footprint available ?

Footprint Location

☐ Yes ☐ No

## Release of Human Remains

(1) MRN- \_\_\_\_\_

(2) Name of Deceased: \_\_\_\_\_

(3) Date of Release: \_\_\_\_\_

(4) Released To: \_\_\_\_\_  
(Name of Person or Establishment)

(5) Address: \_\_\_\_\_

(6) Phone: \_\_\_\_\_

(7) I/We certify that I/We represent all of the next of kin of the above, and do hereby accept custody of said Human Remains.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

(8) Witness: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

(9) Released by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

## External Preparation/Embalming Case Report

*This form must be completed by the embalmer after surgical gloves, gown etc have been removed. Extreme care should be rendered to prevent contamination of the form with body fluids. A non-contaminated "Original" is to be inserted into the respective DVP. The contaminated form must be disposed of properly.*

(1) Embalming Classification (as shown on DMORT Form 260): ☐ Viewable ☐ Non-Viewable

(2) Name of Victim: \_\_\_\_\_ Date of Prep: \_\_\_\_\_ Time: \_\_\_\_\_

(3) Age: \_\_\_\_\_ Sex : Male ☐ Female ☐ ☐ Other: \_\_\_\_\_ Race: \_\_\_\_\_

(4) Embalming Authorized by:

\_\_\_\_\_ (Print)

(5) Was Autopsy Performed: ☐ Yes ☐ No

(6) *In the chart below color in, with black ink, **only the missing** body structures.*



(7) Condition of Eyes prior to Embalming: (Describe):

---

(8) Condition of Facial Features: (Describe)

---

(9) Beard: ☐ Yes ☐ No Mustache: ☐ Yes ☐ No If there is **any** doubt whether to shave face then DO NOT SHAVE.

(10) Teeth: ☐ Natural ☐ Dentures ☐ Partial Plate ☐ No Teeth are Present  
☐ Some Teeth are Present

(11) Method of Mouth Closure: ☐ Stainless Steel Implant (Injector Needle) ☐ Suture

(12) Arteries Injected:

---

(13) Veins used for Drainage:

---

(14) Brand & Name of Arterial Fluid: \_\_\_\_\_ Index: \_\_\_\_\_

Dilution Rate & Volume:

\_\_\_\_\_ ounces per 1st gallon  
\_\_\_\_\_ ounces per 2nd gallon  
\_\_\_\_\_ ounces per 3rd gallon  
\_\_\_\_\_ ounces per 4th gallon  
\_\_\_\_\_ ounces per 5th gallon  
\_\_\_\_\_ ounces per \_\_\_\_\_ gallon(s)

Potential Pressure Used: \_\_\_\_\_ lbs.

Actual Pressure Used: \_\_\_\_\_ lbs.

(15) Brand & Name of Cavity Fluid : \_\_\_\_\_ Index: \_\_\_\_\_

Volume Injected:

\_\_\_\_\_ ounces Thoracic cavity  
\_\_\_\_\_ ounces Abdominal cavity

(16) Areas of Hypodermic Injection:

Brand & Name of Fluid: \_\_\_\_\_ Index: \_\_\_\_\_

List areas of hypodermic injection:

---

(17) External Preservation:

*In general terms list technique used to perform external preservation:*

[illegible]

(Use the back of the form to write additional information you feel should be noted).

(18) Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Embalmer)

(Embalmer)

(Print Name)

Signed: \_\_\_\_\_  
(Embalmer)

(Embalmer)

(Print Name)

## Embalming Classification of Human Remains

(1) MRN- \_\_\_\_\_

(2) Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_

I/We have examined the above referenced human remains and have determined the following:

### Classification:

(3) ☐ **Viewable**, In my/our opinion the probability is **good** to suggest that embalming and post mortem reconstructive surgery may allow viewing of the victim by family and/or friends. Therefore facial incisions, oral autopsy examination or extraction of fingers should not be performed unless deemed absolutely necessary for evidentiary value.

(4) ☐ **NON-Viewable**, In my/our opinion the probability is **poor** to suggest that embalming and post mortem reconstructive surgery may allow viewing of the victim by family and/or friends. Examinations may be accomplished as deemed necessary.

(5) Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Examining Radiologist

# VIP/DMORT Program Radiology

Incident

PM Case #

Date of Exam

Bag #

Number of Images Taken:

Radiology Technician:

Radiologist Findings:

Sex

☐ Male

☐ Unknown

☐ Female possible

Est Age

☐ Female

☐ Male possible

Fractures:

☐ Cranium

☐ R Forearm

☐ L Hand

☐ L Upper Leg

☐ Mandible

☐ R Hand

☐ R Upper Leg

☐ L Lower Leg

☐ Torso

☐ L Upper Arm

☐ R Lower Leg

☐ L Foot

☐ R Upper Arm

☐ L Forearm

☐ R Foot

## Detailed Description of Fractures

## Other Radiology Findings (Prosthesis, surgery, etc. )

Reviewed by:



# VIP/DMORT Program

Incident

Examining Pathologist

Pathology

PM Case #

Pg 1 of 3

Date of Exam

Bag # Sex ☐ Male ☐ Female ☐ Unknown Condition of Remains

Est Race ☐ Caucasoid ☐ Asian ☐ Hispanic ☐ Negroid ☐ American Indian ☐ Unknown Est Race Other: Import Pictures

Build ☐ Gracile ☐ Robust ☐ Intermediate ☐ Indeterminate Height cm Weight kg Inches Pounds

Hair

Hair Color ☐ Auburn ☐ Black ☐ Salt & Pepper ☐ Blonde ☐ Gray ☐ White ☐ Brown ☐ Red ☐ Other Hair Length ☐ Short ☐ Long ☐ Bald ☐ Medium ☐ Shaved ☐ N/A

Hair Accessory ☐ Extension ☐ Hair Transplant ☐ Hair Piece ☐ Wig Hair Description ☐ Curly ☐ Straight ☐ Other ☐ Wavy ☐ N/A

Facial Hair ☐ Beard ☐ Beard & Moustache ☐ Moustache ☐ Clean Shaven ☐ Goatee

Facial Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Gray ☐ Red ☐ Salt & Pepper ☐ White

Facial Hair Type ☐ Clean Shaven ☐ Beard & Moustache ☐ Goatee ☐ Sideburns ☐ N/A ☐ Moustache ☐ Beard ☐ Stubble ☐ Lower Lip

Eyes

Eyes ☐ Blue ☐ Green ☐ Grey ☐ Missing R ☐ Glass R ☐ Cataract ☐ Brown ☐ Hazel ☐ Blind ☐ Missing L ☐ Glass L Optical ☐ Glasses ☐ Contacts

Nails

Finger Nail Type ☐ Natural ☐ Artificial ☐ Unknown

Length ☐ Extra Long ☐ Long ☐ Medium ☐ Short

Fingernail Color Fingernails ☐ Bitten ☐ Decorated ☐ Mishapen ☐ N/A

Toenail Color Toenails ☐ Decorated ☐ Mishapen ☐ Yellow/Fungus ☐ N/A

List manufacturer, serial numbers, and other identifying features:

Prosthetics

Teeth Present? ☐ Yes ☐ No Dentures Present: ☐ Yes ☐ No

Scars

☐ Scars (other than surgical) ☐ Birthmarks ☐ Deformities (non peri-mortem) ☐ Cardiac

Description Scars Birthmarks Deformities Cardiac

Surgery

☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive ☐ Appendectomy ☐ Caesarean ☐ Open Heart ☐ Tracheotomy ☐ Mastectomy ☐ Other

Other Surgery

Description



# VIP/DMORT Program

Examining Pathologist \_\_\_\_\_

Pathology

Incident \_\_\_\_\_

Pg 2 of 3

Date of Exam \_\_\_\_\_

Bag # \_\_\_\_\_ Sex ☐ Male ☐ Female ☐ Unknown

Tattoo(s) ☐ Yes ☐ No ☐ Unknown Photos? ☐ Yes ☐ No

#	Location	Side	Tattoo Description

Body Piercing(s)? ☐ Yes ☐ No ☐ Unknown

#	Body Bag #	Location	Side	Quantity	Piercing Description

## Objects In Body

- ☐ Pacemaker ☐ Prosthetic Devices ☐ Other  
☐ Bullets ☐ Orthopedic devices

## Other Object In Body

\_\_\_\_\_  
\_\_\_\_\_

## Wallet

Description \_\_\_\_\_  
\_\_\_\_\_  
Contents \_\_\_\_\_  
\_\_\_\_\_

## Purse

Description \_\_\_\_\_  
Contents \_\_\_\_\_  
\_\_\_\_\_

Currency \_\_\_\_\_  
\_\_\_\_\_

Misc Items Found \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Personal Effects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# VIP/DMORT Program

Examining Pathologist \_\_\_\_\_

Pathology  
Pg 3 of 3

Incident \_\_\_\_\_

Date of Exam \_\_\_\_\_

Bag # \_\_\_\_\_

Sex ☐ Male ☐ Female ☐ Unknown

Specimen Wt

Dimensions

## Path Narrative:

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## Additional head and neck exam remarks:

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Torso ☐ Viscera Identifiable

## Torso Remarks

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---

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---

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### External Genitalia

- |  |  |
|--|--|
| <input type="checkbox"/> Male          | <input type="checkbox"/> Uncircumcised |
| <input type="checkbox"/> Female        |  |
| <input type="checkbox"/> Indeterminate |  |
| <input type="checkbox"/> Circumcised   |  |

### Internal Genitalia

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Testis Left  | <input type="checkbox"/> Tubes Right   |
| <input type="checkbox"/> Testis Right | <input type="checkbox"/> Ovaries Left  |
| <input type="checkbox"/> Uterus       | <input type="checkbox"/> Ovaries Right |
| <input type="checkbox"/> Tubes Left   |  |

## Extremity Remarks

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---

## Expanded Condition of Remains:

- |                                      |                                  |   |  |   |
|--------------------------------------|----------------------------------|---|--|---|
| <input type="checkbox"/> Fresh       | <input type="checkbox"/> Burned  | <input type="checkbox"/> Cremains       | <input type="checkbox"/> Specific Trauma | <input type="checkbox"/> Submerged (Grid #) |
| <input type="checkbox"/> Decomposing | <input type="checkbox"/> Charred | <input type="checkbox"/> Distinct Marks | <input type="checkbox"/> Floating (GPS)  | <input type="checkbox"/> Scavenger Activity |



# VIP/DMORT Program

Examining Anthropologist

Anthropology

Pg 1 of 2

Incident

PM Case #

Date of Exam

Bag #

Anthropology Condition of Remains:

Anthropology estimated information in this area.

Estimate age

Age narrow  
lower

Age narrow  
upper

95% Lower  
limits:

95%Upper  
limits:

Anthro Sex

☐ Male  
☐ Female

☐ Unknown  
☐ Male possible

☐ Female possible

Race / Skeletal

☐ Caucasoid  
☐ Negroid

☐ Asian  
☐ American Indian

☐ Hispanic  
☐ Unknown

☐ Other

Skeletal Robusticity

☐ Gracile  
☐ Intermediate

☐ Robust  
☐ Indeterminate

Stature  
(in Cm)

Missing Parts

☐ Intact Body

☐ Cranium

☐ Partial Cranium

☐ Mandible

☐ Partial Mandible

☐ Torso

☐ Partial Torso

☐ R Upper Arm

☐ Partial R Upper Arm

☐ R Forearm

☐ Partial R Forearm

☐ R Hand

☐ Partial R Hand

☐ L Upper Arm

☐ Partial L Upper Arm

☐ L Forearm

☐ Partial L Forearm

☐ L Hand

☐ Partial L Hand

☐ R Upper Leg

☐ Partial R Upper Leg

☐ R Lower Leg

☐ Partial R Lower Leg

☐ R Foot

☐ Partial R Foot

☐ L Upper Leg

☐ Partial L Upper Leg

☐ L Lower Leg

☐ Partial L Lower Leg

☐ L Foot

☐ Partial L Foot

Unique Skeletal Features

(Pathology, Healed Trauma, Non-metric Traits, Etc.)

☐ Intact Body

☐ Cranium

☐ Partial Cranium

☐ Mandible

☐ Partial Mandible

☐ Torso

☐ Partial Torso

☐ R Upper Arm

☐ Partial R Upper Arm

☐ R Forearm

☐ Partial R Forearm

☐ R Hand

☐ Partial R Hand

☐ L Upper Arm

☐ Partial L Upper Arm

☐ L Forearm

☐ Partial L Forearm

☐ L Hand

☐ Partial L Hand

☐ R Upper Leg

☐ Partial R Upper Leg

☐ R Lower Leg

☐ Partial R Lower Leg

☐ R Foot

☐ Partial R Foot

☐ L Upper Leg

☐ Partial L Upper Leg

☐ L Lower Leg

☐ Partial L Lower Leg

☐ L Foot

☐ Partial L Foot

Anthro Sex  
Based On

Anthro Age  
Based On

Ancestry  
based on

Stature  
based on

Unique  
Skeletal  
Features







VIP/DMORT Program  
AFIP/DNA Specimen

Incident \_\_\_\_\_  
PM Case # \_\_\_\_\_  
Date of Exam \_\_\_\_\_

Body Bag # \_\_\_\_\_ LISA ID # \_\_\_\_\_

Examiner 1 \_\_\_\_\_  
Examiner 2 \_\_\_\_\_

Not Suitable For Typing - No Specimen Taken

If not, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entire Specimen Taken ☐ Yes ☐ No

Portion of Specimen Taken (Include Size) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Specimen Taken (Include Size) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DNA Hold Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# VIP Personal Information

Page 1 of 8

Last Name		/		/		/		Initial		Sex		If Female/Maiden Name		Age	
DOB		Race		Social Security # / Other		Birth City		State/Country		Birth Hospital					
MM / DD / YYYY															
Address				Apt #		City				State		Zip			
County		Country		Inside City Limits		Religious Preference									
Education: level completed.		Elem/Second (0-12):		College		Degree Earned:									
Alias 1		Last		First		Middle		Alias 2		Last		First		Middle	
Phone (H)				Phone (W)				Phone (Cell)							
Marital Status		<input type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Unknown										Wedding Date			
												( MM / DD / YYYY )			
Spouse		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown													
		Last		Suffix		Maiden/Birth name		First		Middle					
Father		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown													
		Last		Suffix		First		Middle							
Mother		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown													
		Last		Maiden/Birth name		First		Middle							
Legal Next of Kin		<input type="radio"/> Last <input type="radio"/> First <input type="radio"/> Middle										Home			
Address												Work			
City		State		Zip		On Site/Cell Phone									
Relationship:		<input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Employer <input type="radio"/> Friend <input type="radio"/> Other													
Permanent Contact		Please place name and contact info here.													
		Please place other here													
Contact 1		Last / First Middle / Suffix										Relationship		<input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Husband <input type="radio"/> Employer <input type="radio"/> Father <input type="radio"/> Friend <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son	
		Address				City		State		Zip					
		Home Phone		Work Phone		Cell Phone		email							
		Date of Initial Contact				Type of Initial Contact									
Contact 2		Last / First Middle / Suffix										Relationship		<input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Husband <input type="radio"/> Employer <input type="radio"/> Father <input type="radio"/> Friend <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son	
		Address				City		State		Zip					
		Home Phone		Work Phone		Cell Phone		email							
		Date of Initial Contact				Type of Initial Contact									
Contact 3		Last / First Middle / Suffix										Relationship		<input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Husband <input type="radio"/> Employer <input type="radio"/> Father <input type="radio"/> Friend <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son	
		Address				City		State		Zip					
		Home Phone		Work Phone		Cell Phone		email							
		Date of Initial Contact				Type of Initial Contact									



## VIP Personal Information

Page 2 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Suffix First Initial Age

Height: \_\_\_\_\_ Approx. Weight (Pounds): \_\_\_\_\_

Hair Color ☐ Auburn ☐ Brown ☐ Gray ☐ Salt & Pepper ☐ Other  
☐ Blonde ☐ Black ☐ Red ☐ White

\_\_\_\_\_  
Please place other here

Hair Length ☐ Bald ☐ Shaved ☐ Short < 3" ☐ Medium ☐ Male Patern Baldness: ☐ Long

Hair Accessory ☐ Extensions ☐ Hair Piece ☐ Hair Transplant ☐ Wig ☐ ^

Hair Description ☐ Curly ☐ Wavy ☐ Straight ☐ N/A ☐ Other: ☐

Facial Hair Type ☐ Clean Shaven ☐ Beard & Moustache ☐ Goatee ☐ Sideburns ☐ N/A  
☐ Moustache ☐ Beard ☐ Stubble ☐ Lower Lip

Facial Hair Color ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt & Pepper ☐ NA Facial Hair Notes  
\_\_\_\_\_

Eye Color ☐ Blue ☐ Green ☐ Gray ☐ Other  
☐ Brown ☐ Hazel ☐ Black

Color/Descrip: \_\_\_\_\_

Optical Lens ☐ Contacts ☐ Glasses ☐ Implants ☐ None Desc. \_\_\_\_\_

Eye Status ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract ☐ N/A

Fingernail Type ☐ Natural ☐ Artificial ☐ Unknown Length ☐ Extremely Long ☐ Long ☐ Medium ☐ Short

Fingernail Color \_\_\_\_\_ Description \_\_\_\_\_

Characteristics ☐ Bitten ☐ Decorated ☐ Misshapen ☐ Yellowed/Fungus ☐ N/A

Toenail Color \_\_\_\_\_ Toenail description \_\_\_\_\_

Characteristics ☐ Bitten ☐ Decorated ☐ Misshapen ☐ Yellowed/Fungus ☐ N/A

Body Piercing(s)? ☐ Yes ☐ No Photos? ☐ Yes ☐ No Photo Location \_\_\_\_\_

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Tattoo(s) ☐ Yes ☐ No Photos? ☐ Yes ☐ No Photo Location \_\_\_\_\_

#	Location	Side	AM_Tat_Description
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____



## VIP Personal Information

Page 3 of 8

Dental Info

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Suffix First Initial Age

Dentist

☐ Info Listed ☐ Unknown ☐ I

☐ Dental Work

☐ Partial

Address

Phone 1

☐ Dentures

☐ Tooth Jewelry

City

State

Zip

☐ Both

☐ Braces

Additional Dental Information/2nd Dentist:

Physician Info

Physician

Last

First

Practice Name

Address

Physician Type

Address 2

Seen for

City

State

Zip

Records Requested ☐ Yes ☐ No

Phone 1

Phone 2

Records Obtained ☐ Yes ☐ No

Email

Medical Radiographs? Physician(s)

☐ Yes ☐ No ☐ Unknown

Address

Medical Radiographs Location

Potential Type of Radiographs - and dates taken if known

Old

☐ Yes ☐ No

Fractures:

Description:

Objects in Body: ☐ Pacemaker ☐ Bullets ☐ Implants ☐ Needles ☐ Shrapnel ☐ Other

Please place other objects here

Surgery ☐ Gall Bladder ☐ Tracheotomy ☐ Caesarean ☐ Reconstructive ☐ Other

☐ Appendectomy ☐ Laparotomy ☐ Mastectomy ☐ Open heart

Please place other surgery here

Diabetic?

☐ Yes ☐ No ☐ Unknown

If Female / pregnancy in the  
past 12 months ?

☐ Yes ☐ No ☐ Unknown

Unique  
Characteristics

Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics

☐ Yes ☐ No

Prosthetic Location/Description

Prosthetic(s)

☐ Yes ☐ No

Additional Information



## VIP Personal Information

Page 4 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Suffix First Initial Age

Group Status: ☐ Alone ☐ Group Group Type: \_\_\_\_\_ Fam/Grp Name: \_\_\_\_\_  
Family, Church Group, Sports, Military If Family Group, list names here

Last seen with \_\_\_\_\_

Last location victim was seen \_\_\_\_\_

Military Service ☐ Yes ☐ No ☐ Unknown

Military DNA Taken: ☐ Yes ☐ No ☐ Unknown

Country \_\_\_\_\_

Service #: \_\_\_\_\_

Approximate Service Date \_\_\_\_\_

Military Branch \_\_\_\_\_

Ever Finger Printed: ☐ Yes ☐ No

Immigration Status \_\_\_\_\_

Resident Alien Card (Green Card) ☐ Yes ☐ No

☐ Fingerprints ☐ Footprints

Ever been Arrested \_\_\_\_\_

Arrested By: \_\_\_\_\_

Print located \_\_\_\_\_  
\_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Type of Business \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Please list last employer if retired. Additional employers enter in additional data section

List memberships: Clubs, Fraternities, etc.

Additional Data



## VIP Personal Information

Page 5 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Suffix First Initial Age

WATCH:

#	Type/ Make	Band Material/ Color	Description	Inscription Photo Available
1				<input type="radio"/> Yes <input type="radio"/> No
2				<input type="radio"/> Yes <input type="radio"/> No

Gold color is denoted by yellow, silver color is denoted by white

JEWELRY:

#	Jewelry/ Type/style	Material Color/ Stone Color	Size / Where Worn/ Frequently Worn?	Description	Inscription Photo Available
1			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
2			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
3			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
4			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
5			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
6			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
7			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
8			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
9			<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No

### Other Commonly Carried Personal Effects

Cell phone ☐ Yes ☐ No ☐ Unknown Cell phone type: \_\_\_\_\_ Service provider: \_\_\_\_\_  
Cell phone number \_\_\_\_\_ Cell phone description \_\_\_\_\_



VIP Personal Information

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Name _____ / _____ / _____					
	Last	Suffix	First	Initial	Age
#	Clothing Items	Color	Description		Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

CLOTHING:

Wallet: Description \_\_\_\_\_  
Contents \_\_\_\_\_

Purse: Description \_\_\_\_\_  
Contents \_\_\_\_\_

Pockets: \_\_\_\_\_  
Contents Left \_\_\_\_\_  
Contents Right \_\_\_\_\_





## VIP Personal Information

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Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Suffix First Initial Sex

### Potential Living Biological Donors

All Biological Relatives of Missing Individual---Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

1	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
2	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
3	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
4	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
5	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
6	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
7	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
8	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

#### Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, AND
2. **Spouse** and Natural (Biological) **Children**, AND
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)



## VIP Personal Information

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Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Interview\_Location \_\_\_\_\_ Interview\_Date \_\_\_\_\_ Interview\_Time \_\_\_\_\_  
(MM/DD/YYYY)

### Interviewer Info:

Interviewer Name \_\_\_\_\_  
First Last

Interviewing\_Organization \_\_\_\_\_

### Interviewer Home Information

Interviewer Address: \_\_\_\_\_  
Street, City State, Zip

Interviewer home phone: \_\_\_\_\_

Interviewer cell phone: \_\_\_\_\_

Interviewer work phone: \_\_\_\_\_

### Interviewer On-Site Information

Interviewer on-site address \_\_\_\_\_  
Street, Hotel, Room #

Interviewer on-site phone: \_\_\_\_\_

Interviewer on-site cell: \_\_\_\_\_

### Reviewer Info:

Reviewer Name \_\_\_\_\_

Reviewer Signature \_\_\_\_\_

Reviewing agency \_\_\_\_\_